



Deceased Dog Refund Application

NB. The refund is calculated from the date Council receives this form.

Current owner's details

Owner's name

Owner's address
 (incl RAPID # and
 postcode)

Owner's email

Owner's telephone

Dog details

Dog's name

Date of death

Current Tag #

Tag returned

Yes

No

(if not – reason why)

Bank account details for refund by Direct Credit to be attached

Owner's signature

Please return completed form to:

Kaipara District Council
 32 Hokianga Road
Dargaville 0310

OR

The Hub
 6 Molesworth Drive
Mangawhai 0505

Postal Address

Kaipara District Council
 Private Bag 1001
Dargaville 0340

Office Use Only

Complete the calculation for refund based on the number of full months remaining in the current registration year after receipt of notification of death of the dog

| | |
|--------------------------------|----|
| Owner Number | |
| Registration fee paid | \$ |
| Month refund request received | |
| Amount to be refunded to owner | |
| Date approved | |
| Date sent to creditors | |